

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**

07 SEP -7 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08312007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A05000001634</b>		
1. Entity Name U.S. GLOBAL CONSULTANTS, LTD		

Principal Place of Business 1600 S. DIXIE HWY, SUITE 110 BOCA RATON, FL 33432 US	Mailing Address 1401 NW 92ND AVE. PEMBROKE PINES, FL 33024
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2. Principal Place of Business - No P.O. Box # 1401 N.W. 92nd Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, Florida	City & State
Zip 33024	Country U.S.A.

4. FEI Number 20-4482324	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
RAMOS, ERNESTO G 1401 NW 92ND AVE. PEMBROKE PINES, FL 33024	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RAMOS, ERNESTO G	CITY-ST-ZIP	
STREET ADDRESS	1401 NW 92ND AVE.		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 8/21/07 954-732-6685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE